most eminent physicians in Dublin. His treatment was bold and vigorous; he had free bleeding, both general and local, mercury, and every other means calculated to remove inflammation, but all proved ineffectual. His pulse became rapid; he began to sweat; the hepatic tumour increased in size, and presented a distinct sense of fluctuation; there could be no doubt of the existence of suppuration in the substance of the liver. One morning he was suddenly seized with a violent fit of coughing, and during the course of the day expectorated more than a large tea-cupful of pus; towards evening this increased, and on examination it was found that the tumour was remarkably diminished. The expectoration continued during the whole night, and in the morning it was observed that there was scarcely any appearance of the hepatic swelling. It was singular, and tends to confirm the idea that the matter had been discharged into the lung, that in the erect position, this gentleman had scarcely any expectoration, but in the horizontal, it was always extremely copious; a circumstance which you can easily understand by considering that in the recumbent posture the purulent matter would find a more easy passage into the lung. In this case, it would appear that the communication between the liver and lung was very free, for I remember that on one occasion by making pressure over the liver, he said I was forcing the matter into his chest, and the pressure was followed by an instantaneous and copious expectoration. This frequently occurred. A medical friend of mine, residing in Dublin, mentioned to me some time since the case of a large robust drayman, addicted to whiskey drinking, whom he attended for an attack of acute hepatitis. At a time when the liver was very much increased in size, and well-marked symptoms of suppuration present, he observed that sudden expectoration of pus took place, which continued for several days, with manifest subsidence of the hepatic tumour and complete recovery. Three cases of this kind came under my notice in the Meath Hospital. One of the patients had symptoms such as I have before described as exhibiting a striking similarity to yellow fever, from which he recovered, and was discharged, with no other remarkable symptoms but quick pulse. Shortly afterwards he returned, complaining of pain in the right hypochondrium, with rapid pulse, profuse night sweats, and a slight cough. At first his appearance struck me as being characteristic of phthisis, and under this impression I repeatedly examined the chest by the stethoscope and percussion, but could not detect any lesion. The man had only a slight cough, and this was totally insufficient to account for his symptoms. The nature of the case was soon manifest: one morning the patient stated that he felt as if something had given way in his chest during the night, and he was from that time expectorating *large quantities* of purulent matter. On examining the lower portion of the left side, I found that it sounded completely dull on percussion, and that the physical signs of an accumulation of fluid in the bronchial tubes were extremely distinct. That this dullness was the result of the effusion in question is proved by the previously healthy state of the lung. The very day before I had carefully examined this part of the chest, and found it quite healthy. There was not the slightest resonance of voice in this portion after the accident, because the tubes were so completely filled; so that in this case the return to health was accompanied by *increase of broncophonia*, a fact that sets the question of the nature of the accident at rest. It may appear strange that in this case the puriform matter entered the left lung instead of the right; but this is sometimes the case, particularly when the abscess forms in the left lobe of the liver.—*Ibid.*

17. *Termination of Hepatic Inflammation in Gangrene.* By William Stokes, M. D.—It is now agreed, that this is one of the rarest terminations of hepatitis we can meet with; in fact, that there is hardly any organic disease which so seldom occurs. Mr. Annesly states, that in all his dissections, (and these were very numerous,) he never met with a case of gangrene of the liver. Andral, who has examined some thousands of bodies, has only met with a single case; this, with another which was under the care of Dr. Graves, and appears to

have been a genuine example of mortification of the liver, are almost the only cases of which I have any distinct recollection. The case under Dr. Graves was that of a patient in Sir Patrick Dun's Hospital, who laboured under chronic inflammation of the liver, with ascites, jaundice, swelling of the lower extremities, and an incapability of lying on the left side. After this man had been about eleven days in the hospital, he began to complain of tenderness and pain of the belly; he was next seized with vomiting, and threw up a large quantity of fetid matter. Soon after this he sank, and on dissection, numerous marks of chronic disease were found in various parts of the substance of the liver; but in the left lobe there was a cavity which was distinctly gangrenous, and had in the centre of it a large mass of slough. I think that there can be no doubt that in this case the disease was actual gangrene of the liver. I think, too, it may be very fairly doubted, whether gangrene of the liver is the result of inflammation, properly so called, in any case; and I believe it would be a very interesting subject for inquiry, to consider how far this disease may be the result of hepatic apoplexy, or effusion of blood into the substance of the liver. This is an accident to which the liver, as well as every other parenchymatous organ is subject; and though effusions of blood into its substance are by no means so common as similar occurrences in the brain and lungs, still it does not enjoy any thing like immunity from such lesions. We have good reason to believe, that in many cases, blood effused into the substance of parenchymatous organs may, under certain circumstances, either undergo putrefactive decomposition and form a gangrenous abscess, or that, although no longer circulating in its vessels, and effused into the parenchyma of an organ, it may still retain its vitality to a certain extent, and being modified by the powers of life, may give rise to the formation of various morbid products. In this way it is thought that various tumours—cancerous, steatomatous, melanotic, and encephaloid—may originate. I am inclined to think that this sometimes occurs in the brain and lungs, and it is probable that it may happen in the case of the liver also. Further researches, however, are necessary, with respect to the elucidation of this matter, before our opinions on it can possess a higher character than that of verisimilitude.—*Ibid, April 12th*, 1834.

18. *Distended Gall-Bladder.* By Wm. Stokes, M. D.—This may be mistaken for the pointing of an abscess, and an operation be performed, and that this has happened more than once is a positive fact. A distended gall-bladder has been mistaken for the tumour formed by the pointing of an hepatic abscess, an opening has been made into it under this supposition, bile has escaped instead of pus, and this getting into the cavity of the peritonæum, has given rise to rapid and fatal peritonitis. A remarkable case of this kind has been detailed with great candour by the late Mr. Todd, in one of the early numbers of the Dublin Hospital Reports. He was called suddenly to visit a girl, whom on his arrival he found to be in a dying state, labouring under great distention of the belly, almost insensible, moaning constantly with her jaw fixed, and presenting a distinct tumour in the hypochondriac region, which from the history of her case, he was led to consider as an hepatic abscess pointing externally. He divided the integuments and muscles down to the peritonæum, and having introduced a trochar, drew off nearly three pints of *bile* with apparent relief. Shortly afterwards, violent peritonitis came on, and the patient sank rapidly. After death the liver was found to be healthy, and the tumour to have been formed by a distended gall-bladder of enormous size. From this, after the operation, the bile had escaped into the peritonæum, causing intense and universal peritonitis. In making a diagnosis in such a case as this, every thing will depend upon your knowledge of the history and previous symptoms. The circumstances which produce distention of the gall-bladder, you will find upon examination do not bear any distinct resemblance to those which precede or accompany inflammation of the substance of the liver. We may have it from the obstruction caused by biliary calculi, and here you can make a tolerably sure diagnosis. We may